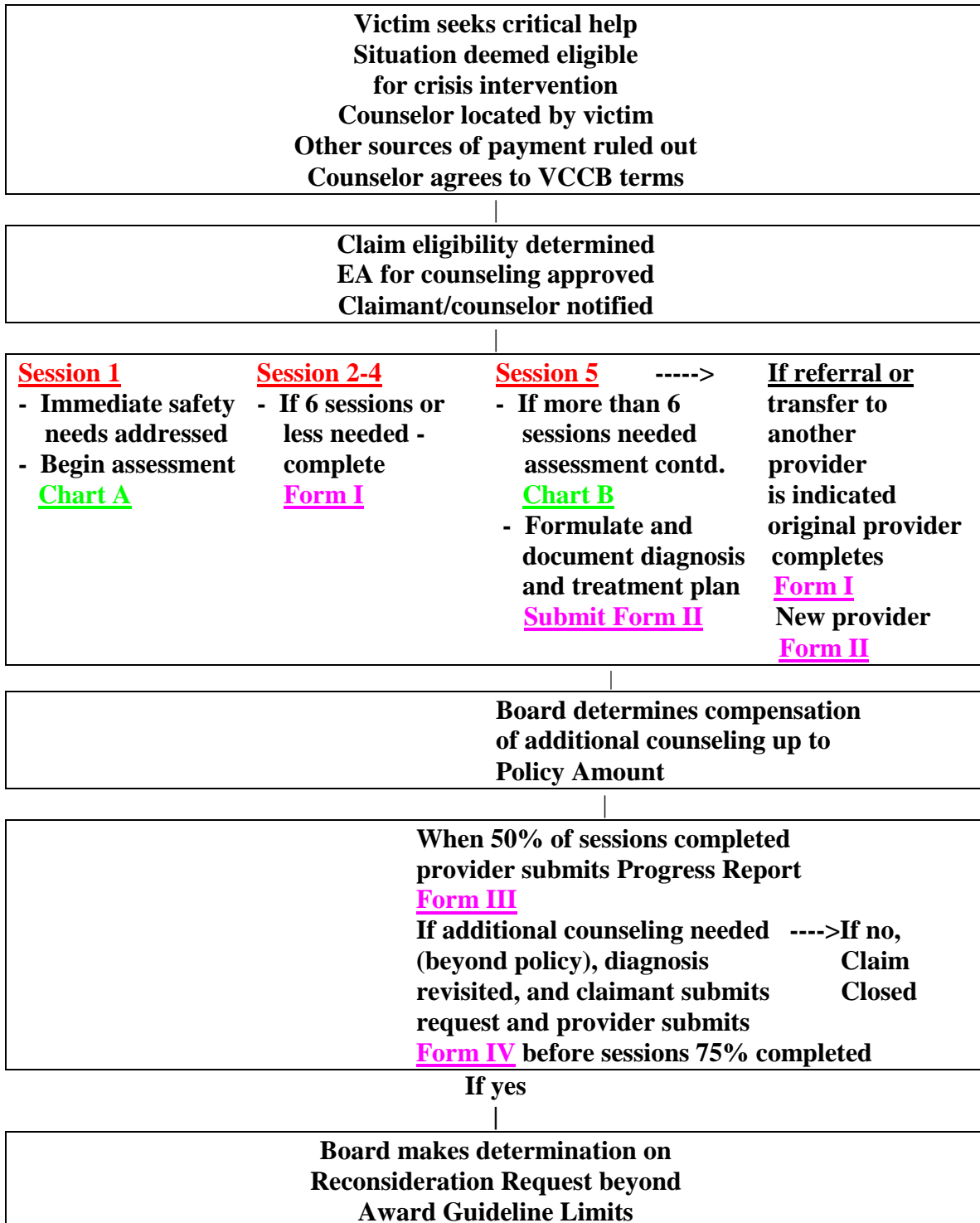


VIOLENT CRIMES COMPENSATION BOARD
MENTAL HEALTH TREATMENT
RESPONSE AND INITIAL ASSESSMENT
FLOWCHART - MENTAL HEALTH TREATMENT PROVIDER



VIOLENT CRIMES COMPENSATION BOARD
MENTAL HEALTH TREATMENT GUIDELINES
RESPONSE AND INITIAL ASSESSMENT
VCCB PROCEDURE

STEPS

1. Application Documented
 - (a) Initial letters sent to
 - (1) Claimant letter which includes: request for information concerning possible other sources of payment; basis for determination need for crisis intervention; and if no counselor named on application, request counselor information
 - (2) Counselor letter which includes: response and initial assessment documents
 - (3) Law enforcement: request for report is sent by facsimile machine
 - (b) Application reviewed
 - (1) Application complete?
 - (2) Claim eligibility confirmed?
 - (3) Counselor identified and agrees to VCCB terms?
2. Emergency Award Request
 - (a) Claim narrative written
 - (b) Board contacted to make determination
 - (c) If no – document claim through normal channels
 - (d) If yes continue with steps
3. Notification
 - (a) Claimant contacted by telephone
 - (b) Counselor contacted by telephone
4. Initial Sessions – up to 6 sessions provided
5. Remainder of claim processed and submitted to Board

VIOLENT CRIMES COMPENSATION BOARD
MENTAL HEALTH TREATMENT GUIDELINES
CHART A - TOPICS TO ADDRESS IN THE INITIAL RESPONSE
INITIAL RESPONSE GUIDELINE
SESSIONS 1 – 6

The following areas shall be addressed in the initial response (Sessions 1-6) phase:

A. Immediate Safety Issues

- (1) Need for medical attention as a result of bodily injury as a result of the crime
- (2) Need for other medical attention such as consultation for psychotropic medications or treatment from spiritual advisor
- (3) Danger to others
- (4) Safety of living arrangements (e.g. offender access, especially in domestic violence situations)
- (5) Financial needs
- (6) Referral to domestic violence, sexual assault, and other victim programs which provide support, advocacy, safety planning, housing and a means to address financial need

B. As therapist you agree to the following:

- (1) Report the crime (when appropriate) to protective services and law enforcement agencies in cases involving children or adult dependents who may have been abused or neglected
- (2) Cooperate with law enforcement and prosecution authorities to fullest extent possible
- (3) Inform the victim concerning the VCCB reporting and cooperation requirements
- (4) Obtain treatment consent forms and applicable information releases
- (5) If intervention requires more than six sessions, advise client a request for additional counseling will be required
- (6) Explain to the victim the VCCB Mental Health Counseling Award Guidelines
- (7) If time has been missed from work, determine and describe the time lost
Has the client been unable to work due to the affect of the crime?
What are the specific dates of the disability?
What is the estimated date of return to work?

VIOLENT CRIMES COMPENSATION BOARD
MENTAL HEALTH TREATMENT GUIDELINES
CHART B - TOPICS TO ADDRESS IN THE INITIAL RESPONSE AND
ASSESSMENT PHASE

SESSIONS 1 – 6

ASSESS THE CLIENT IN ALL OF THE FOLLOWING DOMAINS

1. CRIME RELATED FACTORS:

- Description of the victimization
- Resulting physical injuries/conditions
- Severity of injuries
- Perceived threat of injury or death during the crime
- Chronicity of the event(s)
- Meaning of the event(s) to the victim (with children, clinicians may interview the parents, family members and other significant adults about the meaning to them)
- Legal issues

2. SIGNIFICANT MEDICAL, EMOTIONAL/BEHAVIORAL, SOCIAL, AND OTHER HISTORY:

- Prior or current emotional/behavioral conditions, treatment history and response to treatment
- Current and past medical concerns including current medications
- Substance abuse history and related treatment history
- Relevant health care victim has received including hospitalizations
- Family history of emotional/behavioral conditions and treatment history
- Pre-crime level of relationship/social/school/occupational functioning
- Other current victimization, including witnessing domestic violence
- Past victimization or violence e.g., physical/emotional/sexual abuse/violence, including in the client's homeland if a refugee/immigrant

3. EMOTIONAL/BEHAVIORAL STATUS:

- Appearance/behavior
- Evidence of thought disorder/psychotic thinking
- Suicidal/homicidal ideation
- Ability to discuss crime related content
- Emotional state

4. SYMPTOMS CHECKLIST:

- | | | | |
|---------------------|------------------------------|--------------------------|----------------------------------|
| - Aggression | - Depression | - Guilt | - Obsessive behavior |
| - Anger | - Difficulty concentrating | - Harm/Threats to others | - Panic |
| - Anxiety | - Disordered eating symptoms | - Hyperarousal | - Phobias |
| - Apathy | - Dissociation | - Insomnia/sleep apnea | - Self-blame |
| - Avoidance | | | - Self-destructive relationships |
| - Behavior problems | | | |

- Compulsive behavior
- Emotional numbing
- Irritability
- Self harm behaviors
- Crying
- Fear
- Memory problems
- Sexual acting out
- Denial
- Flashbacks
- Nightmares
- Sexual dysfunction
- Somatic complaints
- Substance abuse withdrawal

5. TIME LOSS FROM WORK

See bulleted items in **Chart A**

6. RESOURCES

Personal

- Self awareness/insight
- Self esteem/self acceptance
- Perceived sense of control over life events
- Economic resources
- Social supports (groups, church, etc.)

Family

- Immediate
- Extended

Cultural/Religious

- Religious/spiritual orientation
- Cultural differences and supports
- How are traumatic experiences and victimization handled?
- How is therapy and help seeking viewed?
- If the crime victim is of a different culture than the perpetrator and/or the therapist, how does it affect the meaning of the trauma and therapy?
- How do parents interact with children who are emotionally or physically hurt in their culture?

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